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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<input checked="checked" type="checkbox"/> Declaration Submitted with Initial Filing		OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CONTAINER LATCH AND METHOD OF ACTUATING SAME

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number	and was amended on (MM/DD/YYYY)	(if applicable).
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I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☐ Customer Number OR ☒ Correspondence address belowJoseph W. Berenato, III
Liniak, Berenato, Longacre & White, LLC

Name

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Bethesda

City

Maryland

State

20817

ZIP

US

Country

301-896-0600

Telephone

301-896-0607

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventor

Kent

Given Name

(first and middle [if any])

Spiers

Family Name
or SurnameInventor's
Signature*X Kent Spiers*

Date

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X 2-26-02

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NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor~~Barry~~ Bobby

Given Name

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Sandlin

Family Name
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Signature*X Bobby Sandlin*

Date

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X 2-26-02

Winfield

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US

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Spiers
Title	CONTAINER LATCH...
Group Art Unit	
Examiner Name	
Attorney Docket Number	6217.460

I hereby appoint:

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
Label here

OR

☒ Practitioner(s) named below:

Thomas P. Liniak	33,415	George Ayvazov	37,483
Joseph W. Berenato, III	30,546	Jeffrey I. Auerbach	32,680
James R. Longacre	24,421	Karen Orzechowski	31,621
John M. White	32,634	Scott T. Wakeman	37,750
Matthew W. Stavish	36,286	William C. Schrot	48,447
Matthew F. Johnston	41,096		

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number →

Place Customer
Number Bar Code
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Joseph W. Berenato, III				
Address	Liniak, Berenato, Longacre & White, LLC				
Address	6550 Rock Spring Drive, Ste. 240				
City	Bethesda,	State	Maryland	Zip	20817
Country	US				
Telephone	301-896-0600	Fax	301-896-0607		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kent Spiers
Signature	<i>Kent Spiers</i>
Date	2-26-02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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SIGNATURE of Applicant or Assignee of Record

Name ~~Barry Sandlin~~ Bobby Sandlin

Signature *Bobby Sandlin*

Date *2-26-02*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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